



## **City of Northampton**

# Application for Business Owner's Permit - Vehicle for Hire

PRINT ALL INFORMATIO	N (except signatur	·e)			
(Check one)	New Application	<b>X</b> Renewal	Today's Date	3/31/2	3
(Check one)	Taxi Service	Livery Servi			
Name (First, Middle, Last)	Jeffrey	David Mi	ller		14
Residential Address	241 Hay	denville Rd.	Lecds City/Town	M A State	O 105 Zip Code
Corportation Name:					
DBA Name:	Cosmic	Cab Co	-/	77	
Business Address	160 Mai	n St. 48	Northampton City/Town	MA	01060
7		Street	City/Town	State	Zip Code
Mailing Address	Same				
Tolonhana Alimikan fan Al	Number	Street	City/Town	State	Zip Code
Telephone Number for the					
Telephone Number for the	e business:	413 - 280 - 0	0119		
Description of Motor Vehi	cles to be operated	d under permit: $\epsilon$	Dodge Gran	d Cara	011
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			15 1100 _	grant	eu.
		Attest:			
			Clerk to the	City Council	- · · · · · ·



March 31, 2023

## Child Safety Seat Plan 2023/24.

As per the order of the City of Northampton 319-19-4

Cosmic Cab will provide a front or rear facing Child Safety Seat or Booster Seat upon the request of any customer. The customer will need to schedule at least 1 hour in advance to ensure the availability of the safety restraint required.

Best Regards,

Jeffrey D. Miller

Owner

Cosmic Cab Company 160 Main St. #8, Northampton, MA 01060

(413) 230-6119

office / Agent: 46-0028

ax I.D. No.:

olicy Number: 1020093350

### **DECLARATIONS - MASSACHUSETTS BUSINESS AUTO COVERAGE FORM** MM 00 97 09 98



TEM ONE- NAMED INSURED AND ADDRESS

JEFF MILLER **DBA COSMIC CAB** 160 MAIN ST STE 8 NORTHAMPTON, MA 01060 Producer Name and Address 46-0028 THE HILB GROUP OF NEW JERSEY LLC **540 GALLIVAN BLVD** 

**SUITE 211** 

DORCHESTER, MA 02124

POLICY PERIOD: Policy Covers FROM 01/18/2023 TO 01/18/2024 12:01 A.M. Standard Time at the Named Insured's Address stated above

Reason for Declaration: VC ENDORSEMENT

Named Insured's Business: INDIVIDUAL

DIRECT BILL

Effective Date: 03/02/2023 IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "Autos" shown as covered "Autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage. LIABILITY INCHEANCE

	LIABILITY IN		PREMIUM	
COVERAGES	(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.)	LIMIT The most we will pay for any one accident or loss	FIXEMION	
Compulsory Bodily Injury	7	20,000 Each Person 40,000 Each Accident	15,580	
Personal Injury Protection	7	8,000 Each Person	4,340	
Optional Bodily Injury	7	100,000 Each Person 300,000 Each Accident	20,970	
Property Damage (COMPULSORY LIMIT \$5,000)	7	50,000 Each Accident	13,430	
Auto Medical Payments Insurance		Each Person		
Uninsured Motorists (COMPULSORY LIMITS \$20,000/\$40,000)	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	350	
Underinsured Motorists	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	INCL	

Actual Cash Value or cost of repair, whichever is le			Auto.
Comprehensive Coverage		Deductible	
Specified Perils Coverage		Deductible	
Collision Coverage		Deductible	
Limited Collision Coverage		Deductible	
Loss of Use-Rental Reimbursement			
Towing and Labor	of a priva	For each disablement lite passenger auto.	
Forms and Endorsements attached to this Coverage Form:		PREMIUM FOR ENDORSEMENTS	

Countersigned by:

26 AP 1056 (01/10)	CA 00 01 (10/01)	IL 00 21 (04/98)
26 AP 1057 (01/10)	CA 23 86 (01/06)	MM 99 11 (10/11)
26 AP 1092 (01/10)	CA 24 02 (12/93)	MM 99 18 (09/98)
26 AP 1102 (04/11)	CA 99 17 (07/97)	MM 99 23 (09/98)
26 AP 1109 (07/16)	IL 00 17 (11/85)	MM 99 54 (09/98)

FOR ENDORSEMENTS ADDITIONAL OR 4,823 **RETURN PREMIUM** \*ESTIMATED TOTAL PREMIUM 54,670

\* This policy may be subject to final audit.

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Authorized Representative



ffice / Agent: 46-0028

**DECLARATIONS - MASSACHUSETTS BUSINESS AUTO COVERAGE FORM** SCHEDULE - MM 00 97 09 98

ax I.D. No.:

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PROTECTION INSURANCE	COMPANY

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140.															

Office / Agent: 46-0028

ax I.D. No.: Policy Number: 1020093350 04

### **DECLARATIONS - MASSACHUSETTS BUSINESS AUTO COVERAGE FORM** SCHEDULE - MM 00 97 09 98



TEM THREE- SCHEDULE OF COVERED AUTOS YOU OWN VEHICLE INFORMATION DESCRIPTION Territory, City & State Size GVW, GCW or Original where the covered auto will be garaged Year, Make, Model, Body Seating Capacity Auto Cost New Vehicle Identification No. (VIN) LEEDS No. 2010 DODGE GRAND CARAVAN HERO SPORT 24.855 005 MA 2D4RN3D12AR489881 LEEDS 2014 CHRYSLER TOWN & COUNTRY TOURING 30,765 006 MA 2C4RC1BG2ER127036 LEEDS 2013 CHRYSLER TOWN & COUNTRY TOURING 29.995 007 MA 2C4RC1BG8DR632044 **NORTHAMPTON** 25,995 2011 DODGE GRAND CARAVAN MAINSTREET 800 MA 2D4RN3DG1BR621504 CLASSIFICATION Loss of Inspect Mobile Radius Class Symbol Age Business use - Service Code Use Auto Equip of Operation Group Retail, Commercial Amt/Days No. LOCAL 41890 9 07 005 LOCAL 9 41890 08 006 LOCAL 41890 9 08 007 LOCAL 08 9 41890 800 LIABILITY LIMITS (\* Limit(s) in Thousands) Uninsured Personal Compulsory Auto Property Damage Underinsured Injury Motorists Optional **Bodily Injury** Medical (Compulsory Limit Compulsory Limits Motorists Protection (\$20,000/\$40,000) **Bodily Injury Payments** \$5,000) (\$20,000/\$40,000) \$8,000 Ea each pers./each acc. Person Auto \*Limit Premium Premium \*Limit Premium Limit Premium \*Limit Ded. Premium \*Limit Premium Premium No. 20 INCL 20 35 50 1343 100 2,097 005 1,558 434 40 40 300 20 20 **INCL** 35 1.343 2,097 50 006 1,558 434 100 40 40 300 20 20 INCL 35 100 2,097 50 1,343 007 1,558 434 40 40 300 20 35 20 INCL 100 434 2,097 50 1,343 008 1.558 40 40 300 PHYSICAL DAMAGE \*\* Specified Perils Collision **Limited Collision** Comprehensive @ Value Type Auto No. and Limit Ded Premium Cov. Ded-Premium Ded: Premium Ded Premium ACV 005 006 ACV 007 ACV 800 **ACV** Towing Auto F - Fire Coverage, T - Theft Coverage, F&T - Fire and Theft, CAC -Waiver Passive Loss and ATD No. Combined Additional Coverage. Rest. of Ded of Use Labor YES-Designates Waiver of Deductible. Designates Policy Level Additional Insured - Lessor applies. Designates whether Actual Cash Value, Stated Amount or Agreed @ Value and, except for ACV, the limit of Liability.

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Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.



Auto

No.

ffice / Agent: 46-0028

ax I.D. No.:

# **DECLARATIONS - MASSACHUSETTS BUSINESS AUTO COVERAGE FORM** SCHEDULE - MM 00 97 09 98

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